

new ones made their appearance. About the same period, the tumour, which had not increased in bulk noticeably, was gradually losing its soft elastic feel; and, at the time of its removal, some parts had acquired a scirrhus hardness. The appearance and increase of these pimples were synchronous with the commencing and increasing hardness of the tumour. Ulceration was just commencing when I amputated the breast. The tumour consisted of erectile tissue, *tissu lardacé* or scirrhus tissue, and *soft encephaloid* or *medullary* matter. The pimples were the extremities of masses of the *medullary matter*, which constituted about half of the entire tumour. The tissue *lardacé* was arranged in *strix*. I could discover no difference between the portions of the erectile tissue in this tumour and that of the eye described above.

At the time I first saw this tumour, it consisted, I believe, almost wholly of erectile tissue. This, in parts, gave place to, or was converted into scirrhus or crude encephaloid tissue of Laennec, about the same time that a deposition of cerebriform or encephaloid matter, rightly so called, was going on. It may be observed that the encephaloid matter existed as a foreign body in the tumour; for the ulcerative process rapidly succeeded on its deposition, thus completing the last step to the tumour's becoming an open cancer.

The changes that occurred in the principal anatomical elements of this morbid growth, after it came under my inspection, were to me satisfactorily ascertained. Whether it be more philosophical to consider the tumour as being of the same nature in its different states, or to regard the deposition of the medullary matter and the consequent incipient ulceration as operating a change in its nature, I will not venture to determine.

Salisbury, N. C.

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ART. III. *Case of apparent Fallopian Menstrual Secretion.* By F. W. ADAMS, M. D., of Montpelier, Vermont.

Pathological facts, characterized by novelty and accuracy, are never valueless; nor can they fail to excite an intense interest with the ardent inquirer, whenever they are adapted to the illustration of disputed or undiscovered principles of functional phenomena.

However familiar the phenomena of the following case may be to others, to me they possess, at least, the interest of novelty, and, in

that character, I would present them as not altogether unworthy the consideration of those who are delighted with medical research.

Mrs. M. L. E., aged 38 years, came under my observation in the spring of 1834, a few months antecedent to her decease. She presents a form of more than ordinary physical delicacy; great emaciation; literal extinction of muscular strength; general morbid increase of nervous irritability. She experiences constant sense of fullness, weight and excruciating pain, when not under the influence of an anodyne, uniformly referred to the inferior lumbar and pelvic regions; general loss of appetite, with constipation and slight tumefaction and tenderness of the abdomen; frequent faintness, nausea, and occasional vomiting; her tongue is dry, and moderately furred; pulse small, hard, and frequent; head inclined to dizziness, intellect undisturbed; uterus sensibly enlarged, hard and uniform to the feel, neck and os tincae apparently obliterated, sensibility moderate; with a vaginal excess; catamenia have been absent during more than nine preceding years, with a troublesome chlorosis during most of the same period.

The following comprises all the previous history of the case which I have been enabled to obtain. Constitution naturally delicate, health feeble and vacillating from birth to puberty, after which, though strongly marked by instability, it was somewhat improved to the age of twenty-nine, at which period occurred the birth of her second and last child. Delivery was immediately succeeded by all the usual phenomena of acute hysteritis in its aggravated form, from which recovery was exceedingly slow and imperfect. Her health, however, after the lapse of several months, so far improved, as to enable her to resume moderately and intermittingly her domestic employments, which were continued with greater or less embarrassment until within about two years of her death.

A few months subsequently to the commencement of convalescence, and whilst a slowly progressive amendment seemed to promise the re-establishment of former health, a recurrence of the symptoms of menstruation appeared to confirm the accuracy of a favourable prognosis. The nonappearance of menstrual secretion, however, suggested a doubt of their normal character, and yet their semblance, succession, and periodicity appeared to identify them so unequivocally with those of health, that artificial means were promptly and confidently adopted for the assistance of nature in her ineffectual efforts to re-establish the desirable phenomenon of menstruation.

The effects of these prescriptions were, however, so evidently injurious that they were finally abandoned.

Various treatment, both regular and empirical, mostly, however, calculated to increase nervous irritability and vascular excitement, was subsequently adopted and rejected, until at length patience being exhausted by unpropitious trials, opium was ultimately resorted to, and with advantage to the patient.

During this period, which included several years, the paroxysms denoting a uterine effort, though constantly increasing in intensity, were not only strictly periodical, but for a long time preserved a uniformity of interval identical with that of normal menstruation.

At length, however, those intervals were distinctly shortened, so that, by the termination of half a dozen years, they had gradually exchanged their monthly for a semi-monthly type, becoming meanwhile strongly inclined to relinquish the uniformity which had hitherto characterized them. The paroxysms, likewise, became not only variable, occupying in their progress all the intermediate periods, from four or five to eight or ten days, until finally, as I before remarked, they became a continuous series of excruciating distress, when not alleviated by full doses of opium, or some other narcotic.

Having arrived at the period at which I was first introduced to the patient, I will not suppress an acknowledgment of my surprise at the extremely anomalous character of the case as presented by its phases and history.

Among the complicated phenomena indicative of functional and organic derangement, those of apparent uterine irritation had uniformly predominated; and yet, whatever secretion had occurred from the vagina, though its appearance might not unfrequently have nearly justified its being mistaken for a purulent uterine production, was, nevertheless, exclusively chlorotic; nor was there present either acute sensibility, dilatation, tumefaction, or inequality of the os uteri to induce a belief that this part was affected with carcinoma.

Henceforward, the patient was kept as comfortable as opium, hyosciamus, cicuta, and occasional laxatives could render her, until near the first of October, 1834, at which time her death occurred, under the following very peculiar circumstances. About a week previous to her death, a sense of sudden rupture in the left lumbar region, connected with that of the descent of a liquid into the lower part of the pelvis, produced in the patient an alarm, which, aggravated by extreme distress, was nearly equivalent to the sudden extinction of life.

The left labium pudendi was immediately formed into a dark purple tumour, considerably exceeding the size of a goose-egg, attended with extreme pain and anxiety. This was punctured within a few hours of its appearance, and afforded, perhaps, half or two-thirds of a

pint of semi-viscid, uncoagulable, peculiarly and offensively odorous, purplish-black or tar-coloured, homogeneous liquid, which, in all its visible qualities, presented a perfect similarity to menstrual fluid, which has been long retained by an imperforate vagina.

In the course of the second day, the puncture having closed, the tumour reappeared, presenting its former character, save the diminished quantity of its discharge.

The supervention of acute peritonitis was recognised only by moderately increased tenderness and tumefaction of the abdomen, the countenance having been, from the moment of exacerbation, entirely cadaverous, and the pulse scarcely perceptible, during the few days previous to life becoming extinct.

After much importunity, amply justified by the peculiarities of the case, the consent of the husband was obtained to a partial autopsy of the parts supposed to be the seat of the disease. These presented, on exposure, the following abnormal appearances: Pelvic and inferior part of the abdominal cavities, with their contained organs, stained, nearly the colour of impure molasses, evidently by suffusion of the before-mentioned liquid, a quantity of which was yet remaining in all the lesser excavations of those cavities, and in a ruptured sac which had, doubtless, afforded the material of the pudendal tumour. This sac, which, unruptured, might have contained a pint or more, occupied the site of the left fallopian tube, being attached to the body of the uterus by its internal extremity, whilst its external appeared loose in the abdomen.

On the right side, corresponding in situation and character with the one already mentioned, was an unruptured sac, presenting itself in the form of an oblong curved, pyramidal, dark-purple tumour, with its base floating at the ilium, and its apex attached to the uterus, containing at least two-thirds of a pint of liquid, in all respects identical with that previously evacuated from the labium pudendi. The uterus was about the size of an adult fist, nearly globular; neck extinct; structure slightly abnormal, being somewhat paler and harder, and offering a less leathery resistance to the scalpel than the healthy, unimpregnated organ, with an obliteration of its former cavity, from an amalgamation of its parietes, so complete as not to present even a cicatrix to denote the fact or situation of its previous existence; left ovarium unrecognised, and right nearly obliterated; numerous marks of gangrene upon the intestinal peritoneum; little or no lymphatic or serous effusion or superficial adhesions; thickness of parietes of right sac somewhat greater than of the left, and in both much exceeding their natural state. The foregoing is the result of the very partial examination

to which I was permitted, and which appears amply to have developed the character of the case.

I am aware that very great enlargement of the fallopian tubes from extra-uterine embryotic lodgment, perhaps much exceeding that of the present instance, has too frequently recurred to continue a subject of surprise, nor would I present the obliteration of the uterine cavity as altogether unique; but I am ignorant of any other example of their concurrence in the same case.

That cases similar to the above have never been noticed by others, is not to be inferred from their description having either evaded my observation, escaped my recollection, or been withheld from publication, yet an opinion of their infrequency is, doubtless, justified by the poverty of our records upon this subject. In respect, therefore, to the lining membrane of the fallopian tubes having assumed the secretory function of that of the uterus, the case under consideration, whose characteristics were too palpable to have been overlooked or mistaken, may claim to be novel, with the mass of the profession at least. That the sacs above described, were constituted of the fallopian tubes, scepticism could have found no excuse to doubt; and that their contents were a secretion from their lining membrane, substituted for, and possessing the characteristics of the menstrual fluid, seems the only conclusion deducible from the premises which anatomical facts or physiological principles can justify.

In this case we are presented with acute uterine inflammation; productive of erosion of its mucous tissue and subsequent adhesion, extending its depredations, however, little further than the secreting surface.

Notwithstanding menstrual secretion may have been organically and exclusively assigned to the uterine-mucous membrane, yet it is not incompatible with the aptitude of nature to adopt expedients in cases of emergency, that this membrane having been obliterated in the progress of disease, the nearest in analogy should hence become its functional substitute, which, undoubtedly, is the lining membrane of the fallopian tubes.

This, therefore, with all its peculiarities is only one of the numerous instances already recognised, in which nature has substituted in the animal economy one organ for another, by modification or development of function.

When contemplated in an isolated condition, this case may seem to promise but little pathologically to the improvement of medical philosophy, on account of its apparently inevitable fatality. Yet, while analogy shall be associated with the rules of reflection, cases of no

more magnitude than the present may perhaps deserve a place amongst the records of professional facts, to which subsequent reference can be conveniently made, and with which future occurrences may be usefully compared.

My object being, however, fully accomplished in its simple presentation, I will refrain from further intrusion of my own conceits of the case, leaving it and its legitimate suggestions with the medical public.

Montpelier, Vt., Feb. 1836.

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ART. IV. *Case of Inguinal Aneurism, in which the Right External Iliac Artery was successfully tied.* By WM. H. RUAN, M. D., of St. Croix, West Indies.

*St. Croix, June 19th, 1835.*—Lucas Dogherty, (mulatto,) æt. 48 years, belonging to Gen. Von Söbötter, of spare habit of body, and of a bilious, melancholic temperament, observed about five weeks ago, a small pulsating tumour high up in the right groin, which rapidly increased in size, and brought on swelling of the whole limb of that side, accompanied by severe lancinating pains proceeding in a spiral direction down the thigh, and into the leg and foot. This tumour was supposed by the patient to be an abscess forming in the groin, and treated by him with hot poultices and fomentations. In order to relieve the swelling and lancinating pains of the thigh and leg, he had applied several blisters, at different times, to the limb. Having experienced no relief, he requested, about a week ago, to see me. I visited him, accordingly, and found a large aneurismal tumour in the right groin, immediately below Poupart's ligament, pulsating furiously over an extensive surface, which, when the hand was applied over it, communicated a peculiar whizzing sensation. The whole limb was much swollen, with considerable venous congestion. The tumour could be handled freely, without occasioning much uneasiness to the patient; and its pulsations could be stopped by pressing firmly on the artery, immediately above Poupart's ligament.

The patient has laboured under bilious attacks frequently; the last about six months ago, when he was completely jaundiced. Until within the last twelve months, he has been subject to frequent attacks of gout.

On my first visit I directed cold applications to be made to the tumour and whole of the limb, with the occasional use of purgatives,